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DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Presentation to the 2009 Joint Appropriations Subcommittee on Long-Range Planning February 4, 2009

Introduction

DPHHS Mission: Our mission is to improve and protect the health, well-being, and self-reliance of all Montanans.

Programs/Services: Health care and financial assistance for low-income children and families, public health and safety, services for the disabled, and several others.

Systems are essential to our mission. More than 90 systems are used in the Department to help deliver services.

Overview and Background

We are requesting funds to replace the Medicaid Management Information System (MMIS) and the Child Support Enforcement System (CSE)

- MMIS funds for design, development and implementation
- CSE funds for planning, requirements definition and RFP preparation

Several of the Department's large human service systems are reaching the end of their use life. MMIS and CSE are among these systems. Systems, like buildings wear out; they become expensive to maintain and cannot adequately support all necessary functions.

Quote: "Not only are the old systems costly to maintain, they hamper states' abilities to improve the efficiency of delivering social services to the people who need them..." Federal Computer Week, Oct 16, 2006

State of our old systems

- Monolithic and brittle (hardcoded, not modular)
- Stovepipe (standalone, limited/difficult integration with other systems)
- Outdated programming languages (e.g. COBOL)
- Non-relational databases (difficult to access data)
- Non-graphical interface (not windows-based/web-based)

Issues with our old systems

- Difficult to change/add functionality
- Expensive to maintain and enhance

- Difficult to find programmers for outdated languages
- Limited interfaces
- Difficult to access data without programmer intervention
- Not open to desktop reporting tools

Innovations in information technology we want to leverage

- Modular and reusable component-based design (functionality can be shared)
- Open architecture (not restricted to certain platforms)
- Relational databases (accessible data)
- Graphical Interface (intuitive, easy to use)
- Web-based design
- Business rules engine (separation of policy from code)

Medicaid Management Information System (MMIS) Replacement

The Department is requesting \$3.5 million in state funding to build a new MMIS. We anticipate being able to leverage additional Department funds to cover the estimated system replacement cost of \$65.5 million in total funds.

- Federal participation:
 - o Medicaid (90%)
 - o CHIP (78%)
 - o MHSP (0%)

An RFP has been posted for a nationally competitive procurement that seeks a vendor to design, develop and implement a new MMIS. In order to obtain the most cost effective system, we will place special emphasis on existing solutions and systems that are currently in development or in use in other states that meet Montana's needs.

The MMIS Vision

MMIS is directly responsible for allowing needy Montana citizens to seek healthcare and for healthcare providers to get paid for their services. MMIS improves the efficiency and effectiveness of the programs it serves through the management of health care information.

Why we need a new MMIS

- Montana's current MMIS system is mainframe and utilizes COBOL legacy. This technology was first implemented in the late 1970's.
- New technology will provide us with the following capabilities:
 - Business Rules Engine allows the Department to effectively create and modify benefit packages for clients under Medicaid, CHIP and MHSP (or add new programs easily in the future).
 - Direct Data Entry provide claims functionality to allow providers to submit claims online and to be notified more quickly if there is a problem with their claims. This would also allow providers to correct and resubmit utilizing the DDE.

- Electronic Health Record to allow patient access to their Medicaid claims data.
- New interfaces with other state systems, including death registry, immunization registry and licensure boards.
- o Implement ICD-10, which adds more than 300,000 diagnosis codes to the system.

MMIS Planning Phase Complete

- 2007 Legislature appropriated funds for MMIS MITA Analysis
- Department contracted with FOX Systems in 2007
- Completed requirements and analysis for RFP July 2008
- Received approval from Centers for Medicare and Medicaid Services (CMS) to proceed with replacement MMIS in August 2008

Key MMIS Functions

- Medical claims processing
- Pharmacy claims processing
- Benefit management
- Decision support (analytical reporting)

Health Care Programs Served by MMIS

- Federal Title XIX: Medicaid Program
- Federal Title XXI: State Children's Health Insurance Program (CHIP)
- State funded Mental Health Services Program (MHSP)

MMIS Statistics

State Fiscal Year 2007 (July 2007 - June 2008):

- Eligibles
 - o Medicaid: 115,551 unique individuals (annual)
 - o CHIP: 15,500 average children enrolled (per month)
 - o MHSP: 7,168 unique individuals (annual)
- Claims
 - o Processed over 6.3 million claims
 - Reimbursed providers over \$650 million

MMIS Key Milestone Dates

Vendor Selected:

October 2009

Start System Build:

November 2009

System Implementation: November 2011

System for the Enforcement and Recovery of Child Support Planning

The Department is requesting \$0.5 million in state funding to perform the planning required to procure a new Child Support Enforcement system. Total funds that would be available with

federal participation is \$1.5 million. The Federal participation is 66% from the Administration for Children and Families, Office of Child Support Enforcement.

A vendor will be procured to assist the Department with planning activities such as requirements definition. In order to obtain the most cost effective system that meets Montana needs, we will evaluate existing solutions and systems that are currently in use in other states.

The CSE System Vision

The CSE System is a tool used to diligently pursue and ultimately achieve financial and medical support of children by establishing, enforcing, and increasing public awareness of parental obligations.

Why we need a new CSE

- Montana's current CSE system is mainframe and utilizes COBOL legacy. This technology was first implemented in the late 1970's.
- New technology will provide us with the following capabilities:
 - o Intuitive interface and work flow
 - Electronic document management to support business functions, easy to retrieve images, eliminating hardcopy files
 - o Business Rules Engine allows the Department to effectively create and modify child support distribution rules and other policy-based processing
 - o Increase staff efficiency allows child support to reach families sooner
 - Improve existing interfaces and increase ability to implement additional interfaces
 - o Decrease staff training time
 - Increase collections
 - o Improve data accuracy

Key CSE Functions

- Locating absent parents
- Establishing paternity
- Establishing financial and medical support orders
- Enforcing current and past-due child support
- Modifying child support orders

Program and People Served

- Title IV-D of the Social Security Act: Child Support and Establishment of Paternity
- People served
 - o Private citizens
 - o Public assistance recipients
 - Medicaid recipients
 - o Foster care recipients
 - o Referrals from other state child support agencies

CSE Statistics

- 39,000 open cases (at least 3 persons per case)
- Annual collections of \$65.5 million
- Annual federal offset of \$7 million
- 24,000 legal notices and other documents generated per month

CSE Key Milestone Dates

Select Planning Vendor:

July 2009

Start Planning Phase:

August 2009

Deliver RFP for System Build: Dec 2010

Closing Remarks

The benefits of replacing our old systems with new technology

- Modern and familiar web-based interfaces
- Easier to use; automated policy and rules
- Less costly to change/add functionality
- More availability of programmers skilled in modern languages and techniques
- Increased ability to share functionality and data with other systems
- Easier to access data without programmer intervention
- Databases that are open to reporting tools

Risks of Inaction

- System failures
- Increased maintenance costs
- Increased program costs
- Inability to implement State and federal mandates
- Liability (federal penalties)
- Inability to conduct business efficiently
- Inability to participate in information technology initiatives (e.g. HIT)

How we will be successful

- Choose the right approach
- Competitive procurement
- Fixed Price, deliverable-based contracts
- Careful requirements definition
- Adequate funding/staffing
- Modular systems/enterprise architecture
- Contingency planning
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- Increased maintenance costs
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- Inability to implement State and federal mandates
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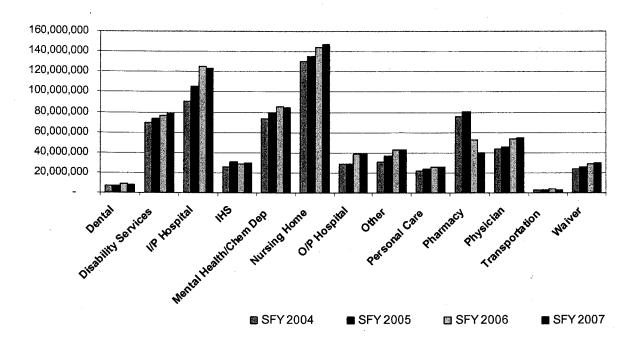
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Medicaid Expenditure and Clients by County

County	Average Medicaid Enrollment	Expenditures
Beaverhead	706	\$ 6,380,369
Big Horn	2,636	\$ 14,667,906
Blaine	1,127	\$ 7,264,357
Broadwater	324	\$ 2,430,962
Carbon	553	\$ 3,853,167
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Petroleum	17	\$ 86,098
Phillips	465	\$ 3,994,482
Pondera	706	\$ 5,865,062
Powder River	73	\$ 701,173
Powell	459	\$ 4,928,044
Prairie	51	\$ 654,894
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Roosevelt	2,996	\$ 19,059,587
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Sanders	1,103	\$ 8,591,747
Sheridan	218	\$ 2,733,531
Silver Bow	3,789	\$ 33,950,688
Stillwater	419	\$ 3,539,817
Sweet Grass	119	\$ 1,094,467
Teton	317	\$ 3,152,232
Toole	330	\$ 2,301,047
Treasure	28	\$ 157,180
Valley	801	\$ 8,165,439
Wheatland	174	\$ 1,143,814
Wibaux	57	\$ 689,611
Yellowstone	12,063	\$ 107,372,263
Other/Institutions	64	\$ 1,243,302
Total Montana	84,160	\$ 705,680,846

Total Expenditures by Provider Type



Medicaid Provider Types	
Inpatient/Outpatient Hospital	Durable medical equipment, Prosthetics, Supplies
Personal care	Optometric, Optician and Eyeglasses
Lab and X-ray	Transportation and per diem
Nursing facility	Ambulance
EPSDT	Specialized non-emergency Transportation
Physician	Family Planning
Podiatry	Home and Community Services
Physical therapy	Mid-Level Practitioner
Speech therapy	Hospice
Occupational therapy	Licensed Psychologist
Audiology and Hearing Aids	Licensed Clinical Social Worker and Professional
	Counselor
Home dialysis	Inpatient Psychiatric
Clinics	Mental Health Center
Dental and Denturist services	Case Management
Pharmacy	Institutions for mental diseases: age 65 and over
Home Health	Indian Health Services (IHS)



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State of Montana Department of Public Health and Human Services Child Support Enforcement Division

What is SEARCHS

- ➤ System for the Enforcement And Recovery of CHild Support Montana's automated child support system. The U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement requires each state to have an automated system capable of supporting Title IV-D requirements.
- ➤ SEARCHS is an essential system that supports the primary goals of the Division: *To diligently pursue and ultimately achieve financial and medical support of children by establishing, enforcing, and increasing public awareness of parental obligations.*
- ➤ The Division provides federally mandated child support enforcement services. SEARCHS supports the following:
 - Locating absent parents
 - Establishing paternity
 - Establishing financial and medical support orders
 - Enforcing current and past-due child support
 - Modifying child support orders

What SEARCHS Does

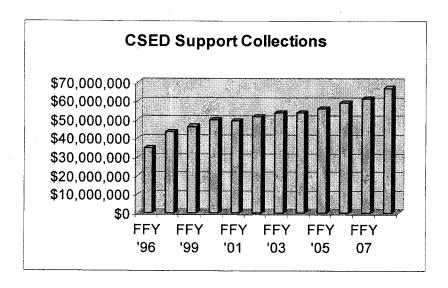
➤ SEARCHS contains over 230 screens, 300 reports, 302 DocGen documents, stores 15.5 gigabytes of data, and 2,500 jobs are run using nightly batch processing.

- > SEARCHS interfaces with over 30 other systems (IV-A, IV-E, Medicaid, etc.) and the OCSE.
- ➤ Payments from non custodial parents are processed and distributed to custodial parents, the State (for TANF and Foster care cases), and other state IV-D agencies. These payments are issued and tracked in SEARCHS.
- ➤ SEARCHS contains management information including the data necessary for the federal OCSE 157 and 34A reports.
- > SEARCHS must provide necessary data for federal and state audits/reviews.
- ➤ In addition to Child Support Enforcement staff, limited views of SEARCHS are used by:
 - Office of Public Assistance (read only access to SRTA)
 - Child and Family Services Division (read only access to SRTA)
 - Department of Justice (read only access to SRTA)

Quick Facts

- ➤ Manages approximately 39,000 open cases; at least 3 people per case
- ➤ Supports 1 state central office, 5 regional offices and the office of administrative law judge
- Accessed by 56 county public assistance and foster care offices
- ➤ Receives and distributes approximately 64% of current support due.
- > Average number of VRU calls per month: 16,800
- ➤ Average number of Internet hits per month: 32,500
- > Average number of documents generated per month: 24,073

> Collections:



FFY '08 Total Collections: \$66,987,626 Open Scan Payment Processing System:

Daily average 2008: \$164,942 Total for year: \$41,400,441 Daily checks average 2008: 703 Total for year: 176,397

EFT: \$27,575,467.77

Child Support Payment internet site (eChecks and credit cards) Daily average 2008: \$3,171.53 Total for year: \$1,157,607

Number of payments for 2008: 5,130

Inter-unit Journals

Total for 2008: \$227,011 **Federal Offset Collections**

Total for 2008: \$7,557,527

SEARCHS processes payment adjustments on an average of 1,535 per month.

Why Does SEARCHS Need to be Replaced?

- ➤ SEARCHS was implemented in June 1993. SEARCHS was provided a conditional certification in September 1994 and granted full certification in December 2003.
- SEARCHS was transferred from the county-based CASES system used by the IV-D agency in San Francisco, California. It was the system chosen by the vendor that was awarded the contract based on the cheapest bid. CASES did not contain functionality to support Montana's administrative processes.
- ➤ SEARCHS was built as a mainframe application with IDMS and COBOL. COBOL is a very structured and time intensive programming language. This technology was first implemented in the late 1970s. Making changes to the SEARCHS system to accommodate changing business rules is very time consuming and slow.

COBOL (Common Business Oriented Language) was developed under the auspices of the U.S. Department of Defense in cooperation with computer manufactures, users and universities. The initial specifications for COBOL were presented in a report of the executive committee of CODASYL committee in <u>April of 1960</u>. It was designed to be a business problem oriented, machine independent and capable of continuous change and development. Major revisions were made in 1968, 1974, 1985 and 2002.

- ➤ In order to use and navigate through the SEARCHS system, workers must memorize hundreds of codes and screen acronyms. SEARCHS is what is called a "green screen" system. Most of the lettering on the screens is a green color with a black background.
- New staff coming out of college have learned keyboarding, use of a mouse and are confortable using software with "point and click". A person cannot navigate SEARCHS with a mouse. Having to learn a green screen system is a total culture shock to new employees and a step backward in

- technology. Internal program staff have to learn old technology.
- > SEARCHS is not highly intuitive.
- > Costs will increase as other systems move off the mainframe.
- ➤ Current reports are expensive to run. Developing new reports requires programming and may wait for a long time for an available programmer.
- ➤ Interfaces. Web to mainframe interfaces are difficult and have issues.
- > SEARCHS currently has problems with at least 3 locate interfaces where benefits or salary could be intercepted
 - unemployment (ESU)
 - new hire (HIR)
 - workers compensation (WCD)
- ➤ Cobol programmers have difficulty with web applications and lack web expertise (attempting to learn new technology on the job). Becoming increasingly difficult to recruit Cobol programmers.
- The system's age increases the cost and risk of ongoing maintenance.
- > SEARCHS has received corrupt or inaccurate data through interfaces which has been stored in SEARCHS. In addition, as the system has aged, data in the system has become corrupt or inaccurate.
- ➤ Capacity issues large quantities of data impact online and batch programs (ie. 99+ pages abend, quirky online data).

- ➤ Over 700+ enhancements and maintenance issues currently pending. Attention to outstanding problem reports required for day to day maintenance on the system prohibits work on enhancements or implementation of new federal requirements.
- ➤ Workers have developed work-arounds to problems to complete their daily work.

What Do We Want From a New System?

- Intuitive work processes. Workers need to be able to quickly find what they need and navigate to the correct area.
- Ability to take advantage of imaging/scanning technology for documents and communications to support business functions, easily retrieve images. Eliminating hardcopy files.
- ➤ Business rules engine Allows the CSED to effectively create and modify policy based processing, such as distribution rules which change periodically.
- ➤ Ability of users to easily access data and ad hoc reports. Download data from system to spreadsheet.
- > Improve data accuracy,
- ➤ Increase staff efficiency through new functionality (G.I.S., PDA applications, notebook computers, links to internet, email notification, touch screen functionality)
- Decrease staff training time. User friendly/easy to use. Point and click.
- ➤ Improve existing interfaces and ability to implement new interfaces
- ➤ Ability to archive data and easily retrieve it.
- New options for performance monitoring.
- > Increased collections due to increased efficiency.

Risks of Inaction

- ❖ Possible total system failure
- ❖ Increased maintenance costs
- ❖ Increased program costs; inefficient use of staff time.
- Compromise data quality
- ❖ Inability to implement state and federal mandates. Risk of federal penalties if requirements cannot be met.
- ❖ Inability of contract staff to recruit knowledgeable COBOL programmers.
- ❖ More interfaces "breaking" as other systems are upgraded.
- ❖ Difficulty training staff on older technology

Funding

Federal Share: 66%

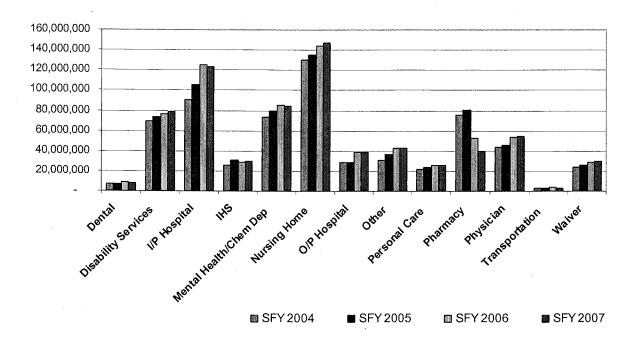
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Speech therapy	Hospice
Occupational therapy	Licensed Psychologist
Audiology and Hearing Aids	Licensed Clinical Social Worker and Professional Counselor
Home dialysis	Inpatient Psychiatric
Clinics	Mental Health Center
Dental and Denturist services	Case Management
Pharmacy	Institutions for mental diseases: age 65 and over
Home Health	Indian Health Services (IHS)